Title: CARDIAC DISPLAY METHODS AND APPARATUS
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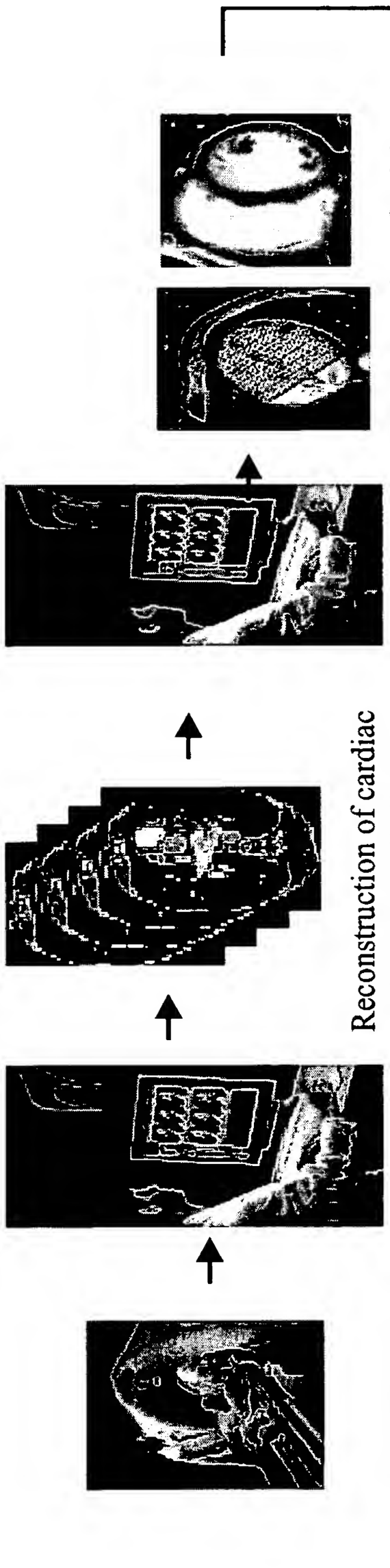


Prior Art

FIG. 1 Typical workflow for current methodologies used to calculate LV functional parameters.

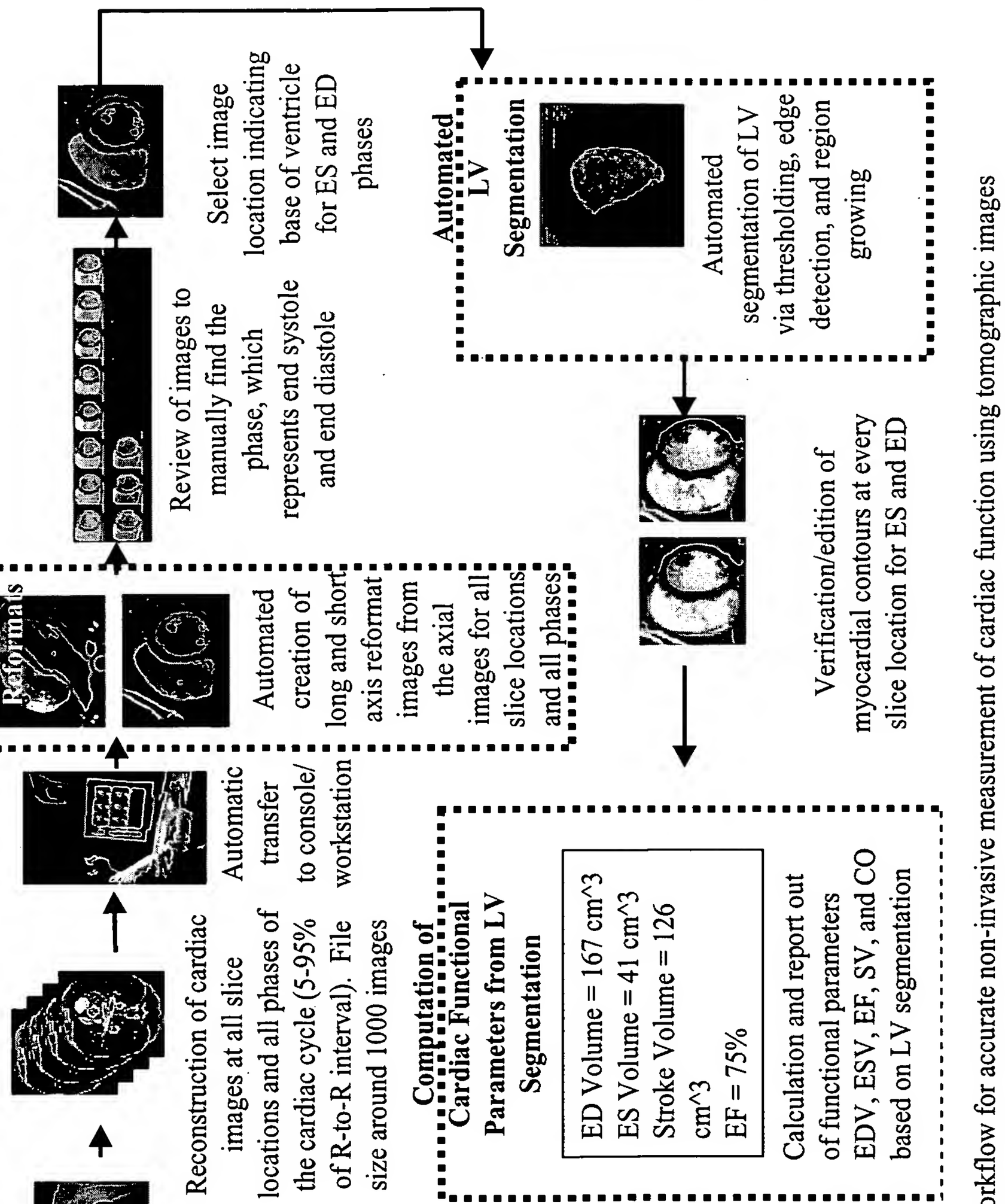
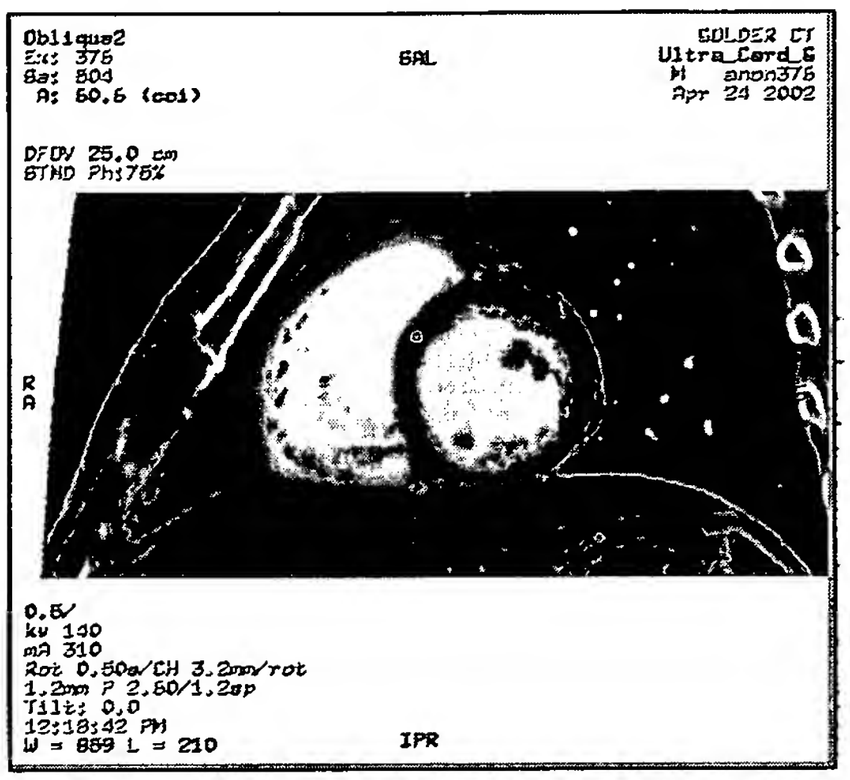
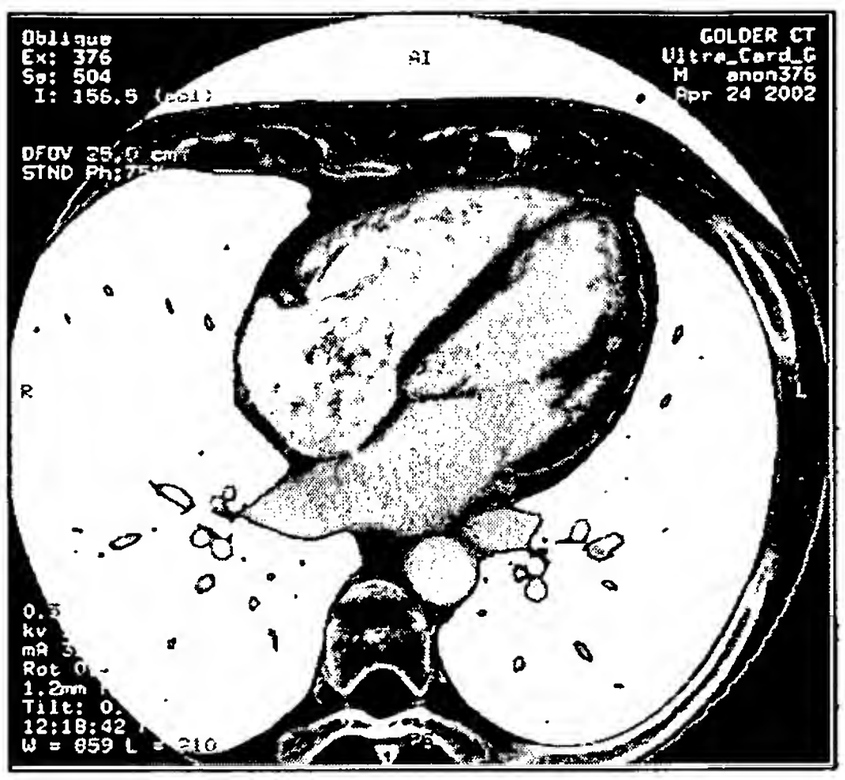


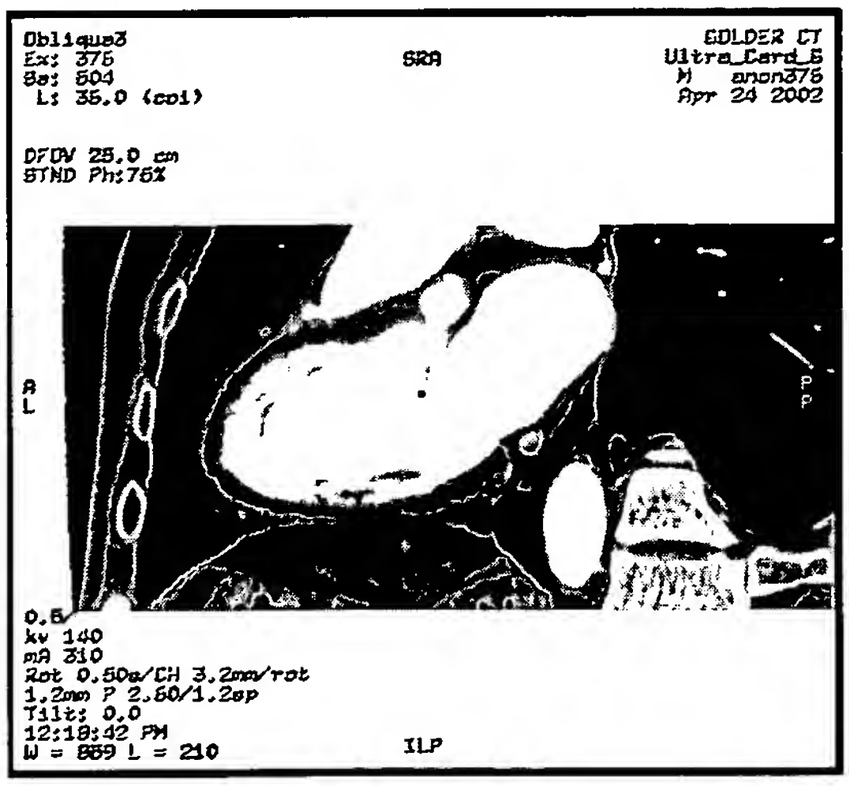
FIG. 2 New workflow for accurate non-invasive measurement of cardiac function using tomographic images



Short Axis View



Horizontal Long Axis View
(Four-Chamber View)



Vertical Long Axis
(Two-Chamber View)

LV Inflow/Outflow Tract View

FIG. 3 Representative Short Axis, Vertical Long Axis, Horizontal Long Axis, and Left Ventricle Inflow/Outflow Tract views from a cardiac CT Exam

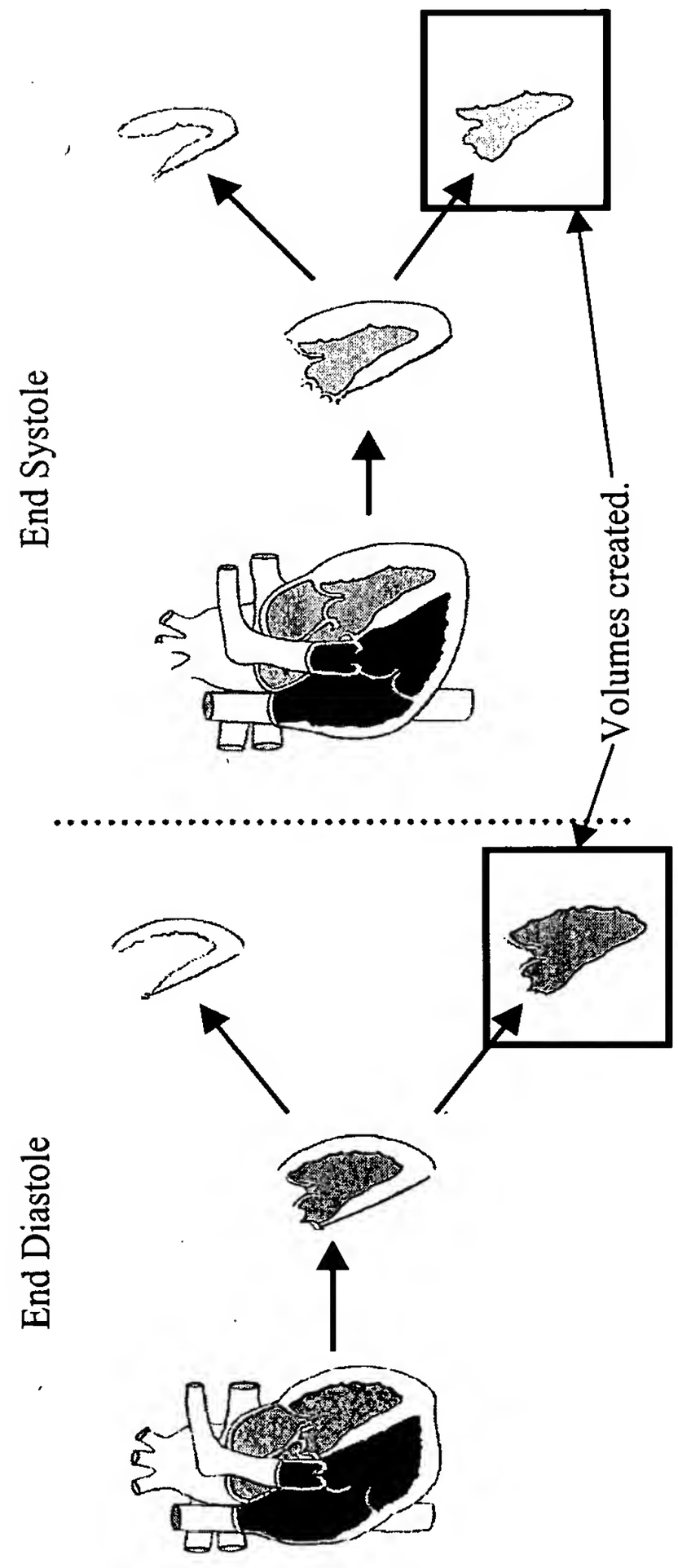


FIG. 4 Representation of delineation of the LV from surrounding anatomy via thresholding, edge detection, and region growing algorithms. This is done at both end diastole and end systole to segment the contrast from the ventricular walls and ventricular walls from the contrast.

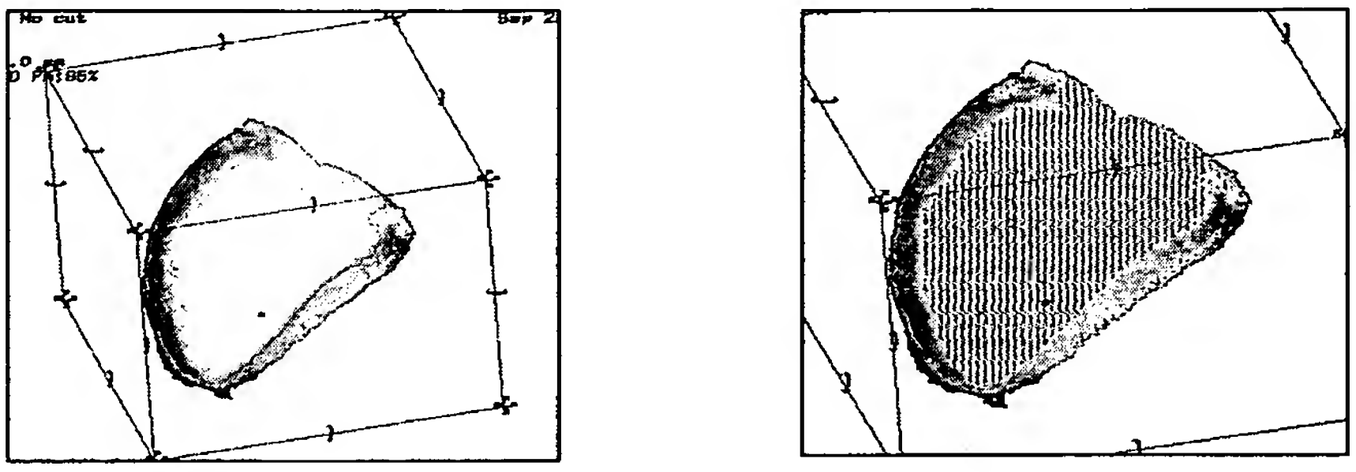


FIG. 5 An optimal combination of advanced algorithms such as thresholding, morphological and connectivity tools, edge detection, and region growing are used to segment the contrast within the ventricle from the myocardium.

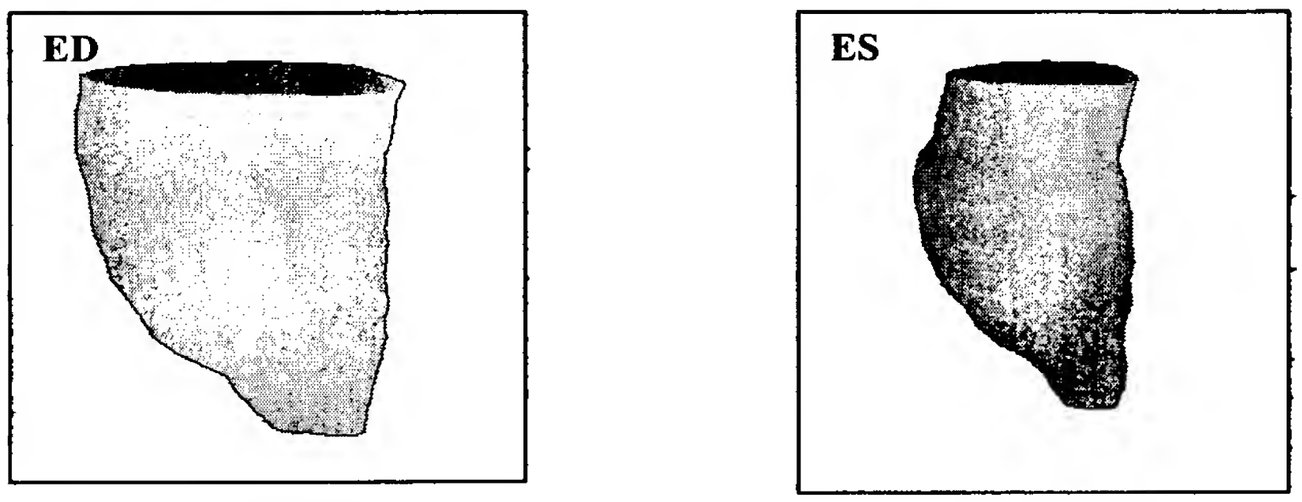


FIG. 6 Examples of 3D models of the LV at both end systole and end diastole. By measuring the volume of these models, EDV, ESV, SV, EF, and CO are calculated.

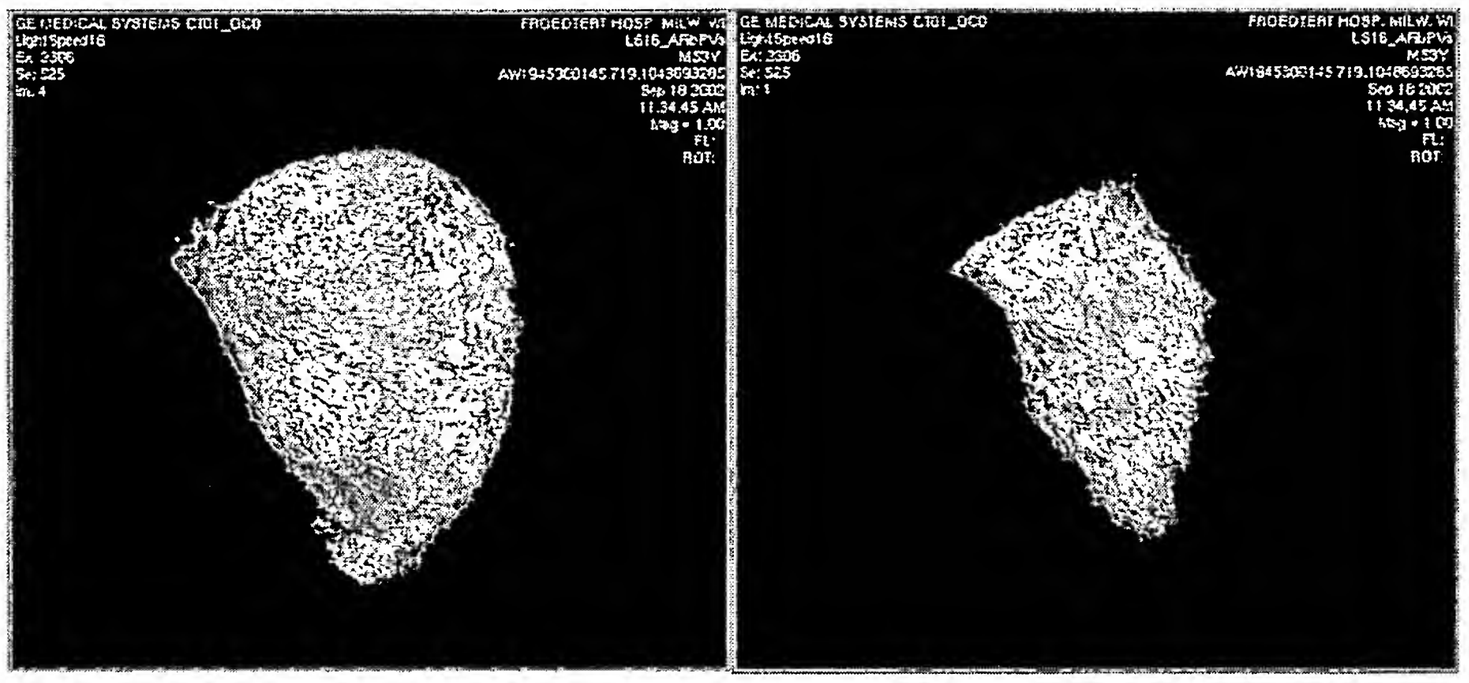


FIG. 7 Volume rendering of the LV contrast at both end diastole and end systole.

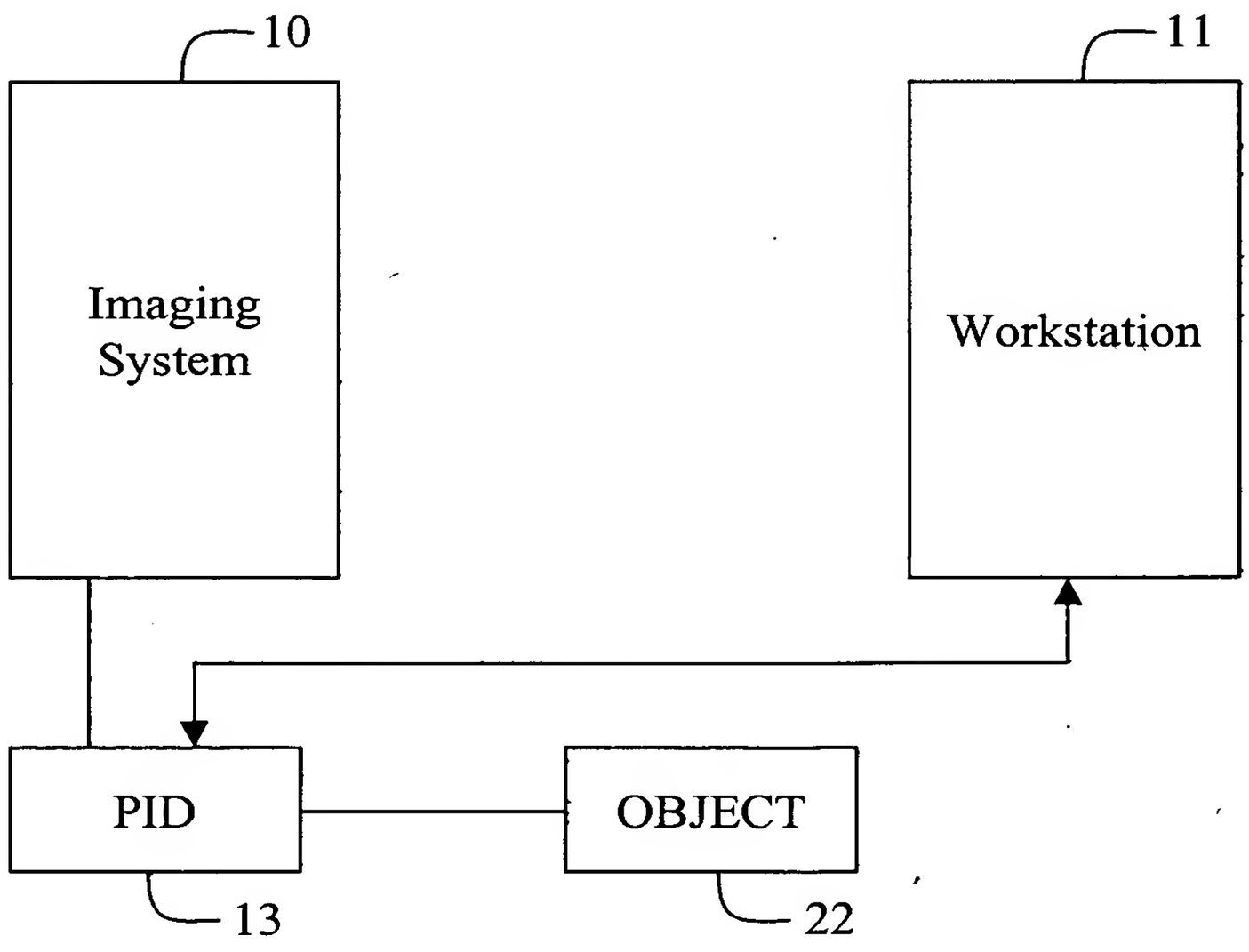


FIG. 8

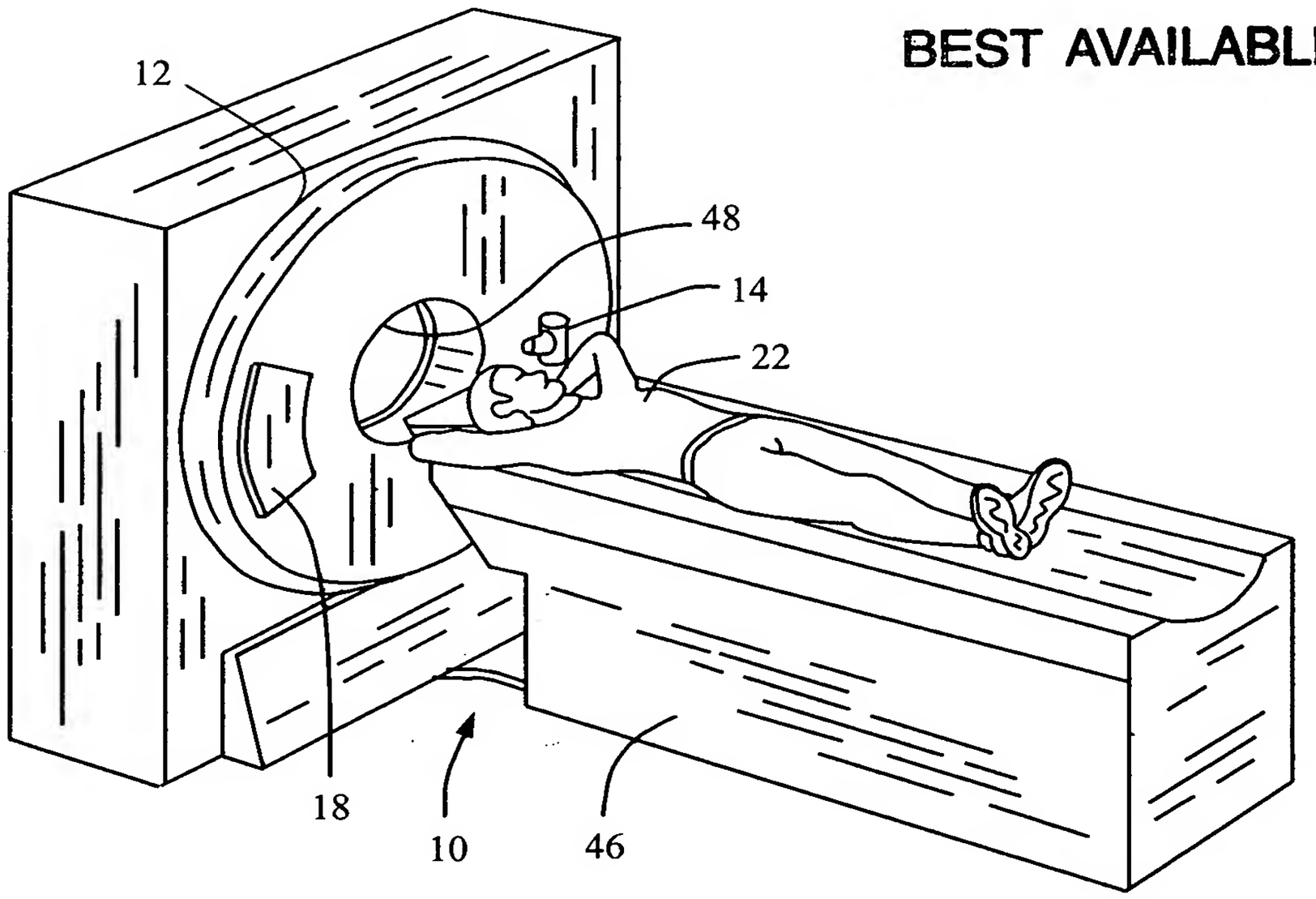


FIG. 9

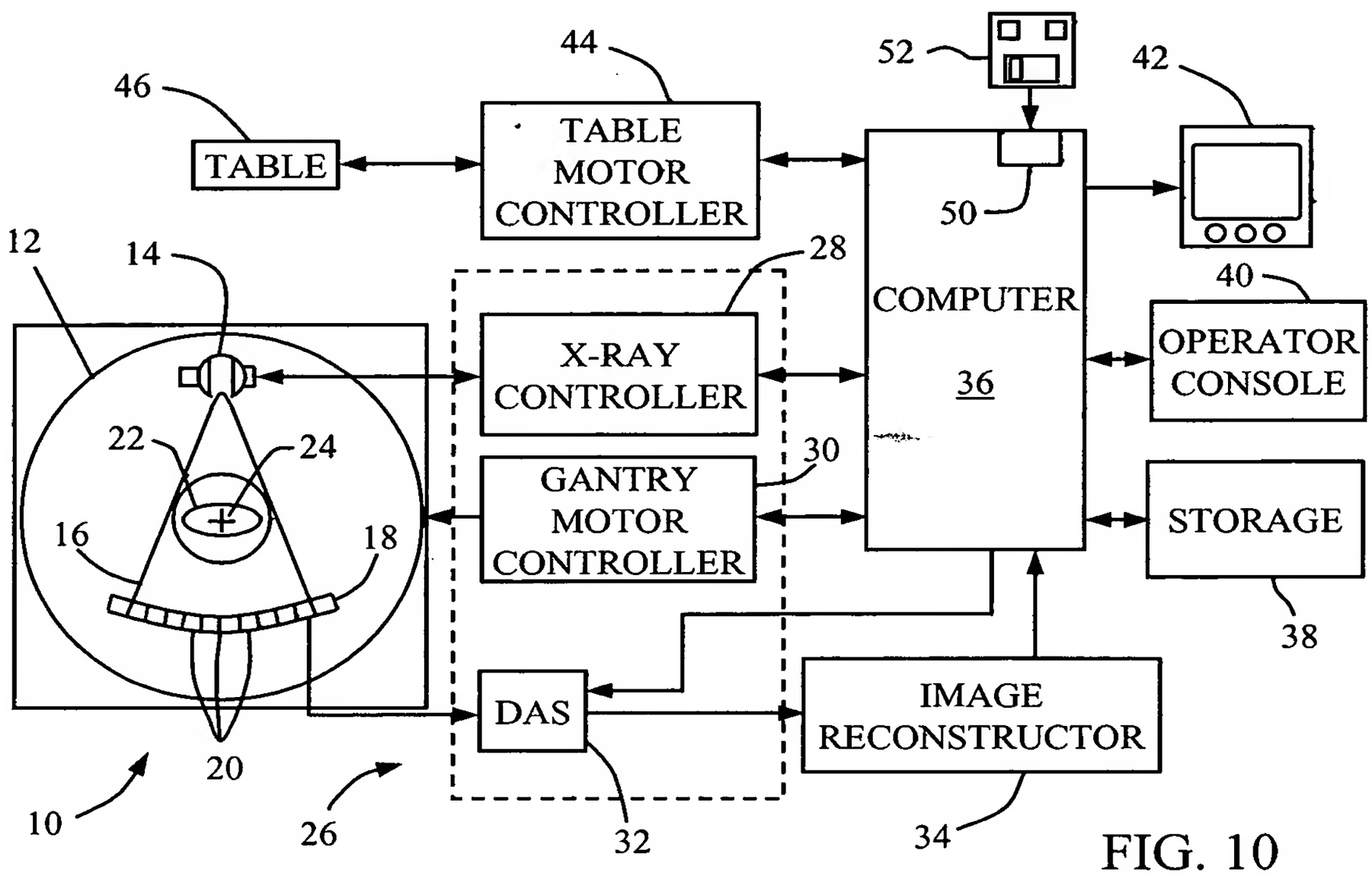


FIG. 10